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BIBDATASHEET

CONFIRMATION NO. 4536

Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 09/677,962 | FILING OR 371(c) DATE 10/03/2000 RULE | CLASS 604 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. 068351.0110 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

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** CONTINUING DATA *****

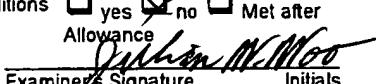
This application is a DIV of 09/170,574 10/13/1998 PAT 6,340,360

** FOREIGN APPLICATIONS *****

UNITED STATES OF AMERICA PCT/US94/07581 07/01/1994

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..

** 12/07/2000

| | | | |
|---------------------------------|--|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | |
| Verified and Acknowledged |  Examiner's Signature Initials | | |
| STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| TX | 5 | 16 | 1 |

ADDRESS

31625

TITLE

Porous drug delivery system

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|----------------------------|---|---|
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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